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(to be used for all correspondence after initial filing)		Examiner Name	James D	James D. Anderson			
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ENCLOSURES (Check all that apply)							
Amendra Ame	nsmittal Form Fee Attached Hent/Reply Star Final Hifdavits/declaration(s) In of Time Request Abandonment Request In Disclosure Statement Copy of Priority Int(s) Missing Parts/ te Application Reply to Missing Parts due 37 CPR 1.52 or 1.53		Orawing(s) Claim of the Control of the Control of Cont	Address		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	
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